

No. 2  
1-4-41  
17-39  
X28390

State File No. ....

Registration District No. 713

Primary Registration District No. 5942

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 4 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County Unknown

(c) City or town Unknown  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country - -

3. (a) PRINT FULL NAME John P. Kelly (Mr Sgt)

3. (b) If veteran, - - name war - -

3. (c) Social Security Security No. - -

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife - - 6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased July 24 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

31 3 27 - hr. - min.

9. Birthplace Huntington Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U.S. Army-6840743

11. Industry or business Hq&MP Co, 6th Division

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Military Records

(b) Address Fort Leonard Wood, Missouri.

17. (a) Removal (b) Date thereof 11-24-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntington, Penn.

18. (a) Signature of funeral director Lou Clark

(b) Address Rolla Funeral Home, Rolla, Mo.

19. (a) 11-24-41. (b) 641 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from - - to - -, 19- -, that I last saw - - alive on - -, 19- -, and that death occurred on the date and hour stated above.

Immediate cause of death Wound, gunshot (.45 cal)  
Point of entrance: superior posterior nasopharynx. Point of exit: posterior parietal midline area of the scalp with destruction of the sphenoid fossa, the pituitary body, and the anterior corpus callosum.

Other conditions - -  
(Include pregnancy within 3 months of death)

Major findings: 164C  
Of operations - -

Of autopsy as above

PHYSICIAN - -  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence November 21, 1941.

(c) Where did injury occur? Ft Leonard Wood, Pulaski, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Military Reservation

23. Signature John E. Patton (M. D. or other) MD  
Address Sta Hosp, Ft. Leonard Wood, Mo. Date signed 11/22/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Pulaski County Health Officer

File Number 1141-69

Date Filed 11-27-41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**